	PATENT	APPLICATION Effec	ON FEE D tive Octob			ON RECO	<b>OF</b>	/	1074	36	87		ľ
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY		
TO	OTAL CLAIMS							RATE FEE		1	RATE	FEE	1
FC	)R		NUMBER FILED		NUME	ER EXTRA	ВА	SIC FEE	385.00	OR	BASIC FEE	770.00	1
TC	TAL CHARGE	ABLE CLAIMS	minus 20=		• .	0	5	(\$ 9=		OR	X\$18=		1
INE	EPENDENT C	LAIMS	/ minus 3 =		•	• 0		<b>(43</b> =			X86=		1
ML	LTIPLE DEPE	NOENT CLAIM P	RESENT							OR	7.00-		1
* If the difference in column 1 is less than zero, enter *0* in column 2								145=		OR	+290=		
		T	OTAL		OR	TOTAL	70	1					
2-U-O-CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								MALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER JUSLY	PRESENT EXTRA	А	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MO	Total	. /	Minus		0	a	×	\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	3			Tx	43=	/-	OR	X86₃		ŀ
8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.000		
		•						TOTAL		OR	+290=		
	1-17-06						ADD	IT. FEE		OR	ADDIT. FEE		
	<u> </u>	(Column 1)	T	Colum		(Column 3)	Ė		ADDI-	1	•	400	
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID.	NSLY	PRESENT EXTRA	R	ATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total ·	. 2	Minus	-3	D	<b>-0</b>	X	\$ 9=		OR	X\$18=		\
	Independent	. 2	Minus	*** 3		6	X	43=		OR	X86=		$\vdash$
~	FIRST PRESE	NTATION OF MI	ILTIPLE DEPENDENT CLAIR							Š			
	•		•		•	•		45=		ÓR	+290=		İ
	E. WAMS	B				•		TOTAL T. FEE		OR	TOTAL ADDIT. FEE		
99/		(Column 1)		(Colum		(Column 3)			· · ·			٠	
ENTC		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	·R	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 2	Minus	- 3	6	= 0	XS	9=	•	OR	X\$18=_		
	Independent	・ん	Minus	••• J		<b>=</b> X	$\vdash$	43=			X86=/	2×	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F	<del>~</del>		OR	200=/	<del>-)</del> -	
• 4	litha anto la action	ma t in tarrether th		vv-	****			45=		OR	+290=		İ
•• !	f the "Highest Nu	nn t is less than th nber Previously Pa	id for in thi	S SPACE is	less tha	n 20, enter "20."		TOTAL	·	OR	TOTAL DDIT. FEE		l
	ii ine "Highest Nui The "Highest Num	mber Previously Pa iber Previously Pai	ud For' (Total o	S SPACE IS Independe	iless (ha ni) is the	n 3, ønter "3." highest number i			ooriate box				

Application or Docket Number